

TELEPHONE (312) 258-5500



## SCHIFF HARDIN LLP

## PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 2671

In re application of: Boehler et al

SERIAL NO.: 10/039,339

EXAMINER: Linzy T. McCartney

FILED: October 23, 2001

CONFIRMATION NO.: 1541

TITLE: "DIAGNOSTIC DEVICE HAVING MEANS FOR SETTING TRANSFER FUNCTIONS"  
AMENDMENT "B"**BOX AF**

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

 No additional fee is required.

The fee has been calculated as shown below.

| CLAIMS AS AMENDED   |  |       |  |  |   |                          |  |
|---|--|-------|--|--|---|--------------------------|--|
|   | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA                    | (6)<br>RATE                                 | (7)<br>ADDITIONAL<br>FEE |  |
| TOTAL CLAIMS  | 6  | MINUS | **30   | X 2  | ( ) X 9.00<br>( ) X 18.00                   | \$                       |  |
| INDEP. CLAIMS   | *1   | MINUS | 3  | X  | ( ) X 40.00<br>( ) X 80.00                  |                          |  |
| Application amended to contain<br>any multiple dependent claims<br>not previously paid for. |  |       |  | ( ) YES<br>( ) NO                          | ( ) \$135.00<br>( ) \$270.00<br>ONE<br>TIME |                          |  |
|   |  |       |  | TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT |   | \$0.00                   |  |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated July 15, 2005 for 1 months so that the period for response is extended to November 15, 2005. A check in the amount of \$250.00 is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ 120.00 is attached.
- A check for \$ \_\_\_\_\_ accompanying IDS under 37 CFR 1.97(c) is attached
- A check for \$ \_\_\_\_\_ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on November 7, 2005.

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

November 7, 2005

DATE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "B"

APPLICANTS: Boehler et al. GROUP ART UNIT: 2671  
SERIAL NO.: 10/039,339 EXAMINER: Peter Pappas  
FILED: October 23, 2001 CONFIRMATION NO.: 1541  
TITLE: "DIAGNOSTIC DEVICE HAVING MEANS FOR SETTING  
TRANSFER FUNCTIONS"

**MAIL STOP AF**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

SIR:

In response to the Office Action dated July 15, 2005, Applicants herewith  
amend the application as follows.